

U.S. Department of Justice
United States Marshals Service

Family - disable

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form. #93-CV-2951 Suite 710-Newark

PLAINTIFF

Barbara Serowik - Urbas

COURT CASE NUMBER

17-CV-13039

DEFENDANTS ALL people listed in Law suits

The judges are criminal too (1981-2018) in court's houses. BU.

TYPE OF PROCESS

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

① 8 Worker's Compensation at 60 State Str, Hackensack N.J. 07601

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

② 1 Worker's Compensation 124 Halsey Str, Newark N.Y.

AT

③ Medical Malpractice Mal-legal Mal-judges Mal MO, Mal Social Employers and many others listed BU.

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Barbara Urbas
174 Polifly Rd, F-7
Hackensack N.J. 07601

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

① 9 Worker's Compensation

② 5 Car's Injury

③ Many doctor's in medical malpractice

④ Many Lawyers in gross negligence and judges (dismanage Law suits & Austin and never fix it til now) ⑤ and

⑤ Mal-MO-gross negligence ⑥ Mal-Social ⑦ Banks ⑧ Real Broker-Halina Stropel Publishers Lottery Bud

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

2/5/2018

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. _____

District to Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

C. R

Date

2-5-18

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time _____ am

_____ pm

Signature of U.S. Marshal or Deputy

REMARKS:

we need names unexecuted.

8 Worker's compensation is not a name.

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
BARBARA SEROWILK -URBAS

COURT CASE NUMBER
17CV-13039-KM-JBC

DEFENDANT
B. FILIPCZAK, MD., ET AL.,

TYPE OF PROCESS
Summons & Complaint

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

BARBARA SEROWILK -URBAS
174 POLIFLY RD, F-7
HACKENSACK, NJ 07601

Number of process to be
served with this Form 285

Number of parties to be
served in this case

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

- 1.) DO NOT WRITE ANY COMPLAINT INFORMATION IN THIS FIELD OR ON THE TOP OF THIS FORM.
- 2.) COMPLAINTS ARE FILED WITH THE COURT NOT ON THIS FORM.
- 3.) IF THERE ARE TWO ADDRESS FOR THE DEFEND USE A SECOND USM-285 FORM
- 4.) ONLY THE DEFENDANT NAME AND DEFENDANT ADDRESS.

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER
(201) 814-8027

DATE
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time _____
☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED